

FAMILY PLANNING AWARENESS AMONG RURAL POPULATION OF TEHSIL HIRANAGAR, J & K

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ABSTRACT

Family planning has attracted global attention due to its relevance to population growth and development issues. Family planning services have ability to improve the quality of the life of people and their economic welfare. India is the second largest country in case of population and started its family planning programmes from 1950 but still these programmes have met with only marginal success. The present study assesses family planning awareness and the practice of contraceptives among the rural people of tehsil Hiranagar of district Kathua. Primary survey was conducted randomly from different villages of 624 respondents included 300 females and 324 male respondents during the month of May 2018 to July 2018. The findings revealed that education and income had significant relationship with family size, illiteracy and poverty. Lack of education and low income level are responsible for lack of family planning awareness among rural people. The investigation also revealed that government should take more solid steps for the family planning awareness at grassroots level in the study areas.

KEYWORDS: Awareness, Contraceptives, Family Planning & Education

Received: Dec 21, 2018; **Accepted:** Jan 11, 2019; **Published:** Jan 30, 2019; **Paper Id.:** IJHRMRFEB201917

INTRODUCTION

Family planning is paying attention all over the world due to its significance in decision making, population growth and development. Family planning means aware effort of individuals and couples to anticipate and attain their desired number of children, spacing of birth and timing their births. Family planning is distinct by WHO as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to encourage the health and welfare of family groups and thus contribute effectively to the social development of a country”.

India is the second largest populous country of the world, sustaining 17.64 percent of the world population on 2.4 percent of the world's surface area. Population expansion has been a reason of worry for the government of India since a long time. Family Planning Association of India established in 1949. India launched the world's first national programme emphasizing family planning in 1952, with the objective of reducing the birth rate to the extent necessary to stabilise the population at a level consistent with the requirement of the National economy. The unpaid sterilization scheme was introduced in 1956. However, the plan out-lay in second five year plan (1956-61) for family planning programmes were only Rs. 5 crore of which only Rs. 2.3 crores were in fact spend. The family planning programmes enclosed initially birth control programmes and later integrated under its wing, mother and child health, nutrition and family welfare. In 1966, the Ministry of Health formed a separate department of family planning. In Fourth Five Year Plan (1969-74) family planning called as ‘kingpins of the plan’ and set

target of dropping birth rate from 39/1000 to 23/1000 by 1978-79. Immunization Programme in India was introduced in 1978 but gained momentum in 1985 as Universal Immunisation Programme (UIP). It provides universal exposure of infants and pregnant women with immunisation against identified vaccine preventable diseases.

Family Welfare Linked Health Insurance Scheme (FWLHIS) started to support people to accept permanent method of Family Planning, the FWLHIS has been implementing since 1981 to recompense the acceptors of Sterilisation for the loss of income for the day on which he/she attended for undergoing Sterilisation. For effective community participation, Mahila Swasthya Sanghs (MSS) at the village level was constituted in 1990-91, to mass understanding of family planning among rural. National Rural Health Mission launched in 2005, the difficult areas with unacceptable health indicators were classified as special focus States to make sure greatest attention where needed. Janani Suraksha Yojana (JSY) is a safe motherhood involvement under the National Rural Health Mission (NRHM) being implemented with the purpose of promoting institutional delivery among the poor pregnant women. The Yojana, launched on 12th April 2005, is being implemented in all states and UTs. It is a 100 % centrally sponsored scheme and it integrates pre-delivery care with delivery and post-delivery care. Government of India has approved the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in March, 2006 with the aims of correcting local imbalances in the ease of use of affordable/reliable tertiary health care services and also to increase facilities for quality medical education in the country. In rural areas, primary health care services are provided through a network of 146036 Sub-Centres, 23458 Primary Health Centres and 4276 Community Health Centres as on March 2008. Village Health and Nutrition Day organizing of Village Health & Nutrition Day (VHNDs) at the Anganwadi centre at least once every month to provide ante birth/ post birth care for pregnant women, encourage institutional delivery and health education distinct from other various services. But this program has met with only minor success. This is because people of India being multi linguistic, multi religious and multiethnic have different levels of consciousness and acceptance of methods of family planning.

The present study was undertaken to evaluate the awareness level of rural people of tehsil Hiranagar for family planning awareness and the practice of contraceptive methods, to better understanding of the situation in order to help the government in the formulation of policies and modify its approach in Hiranagar.

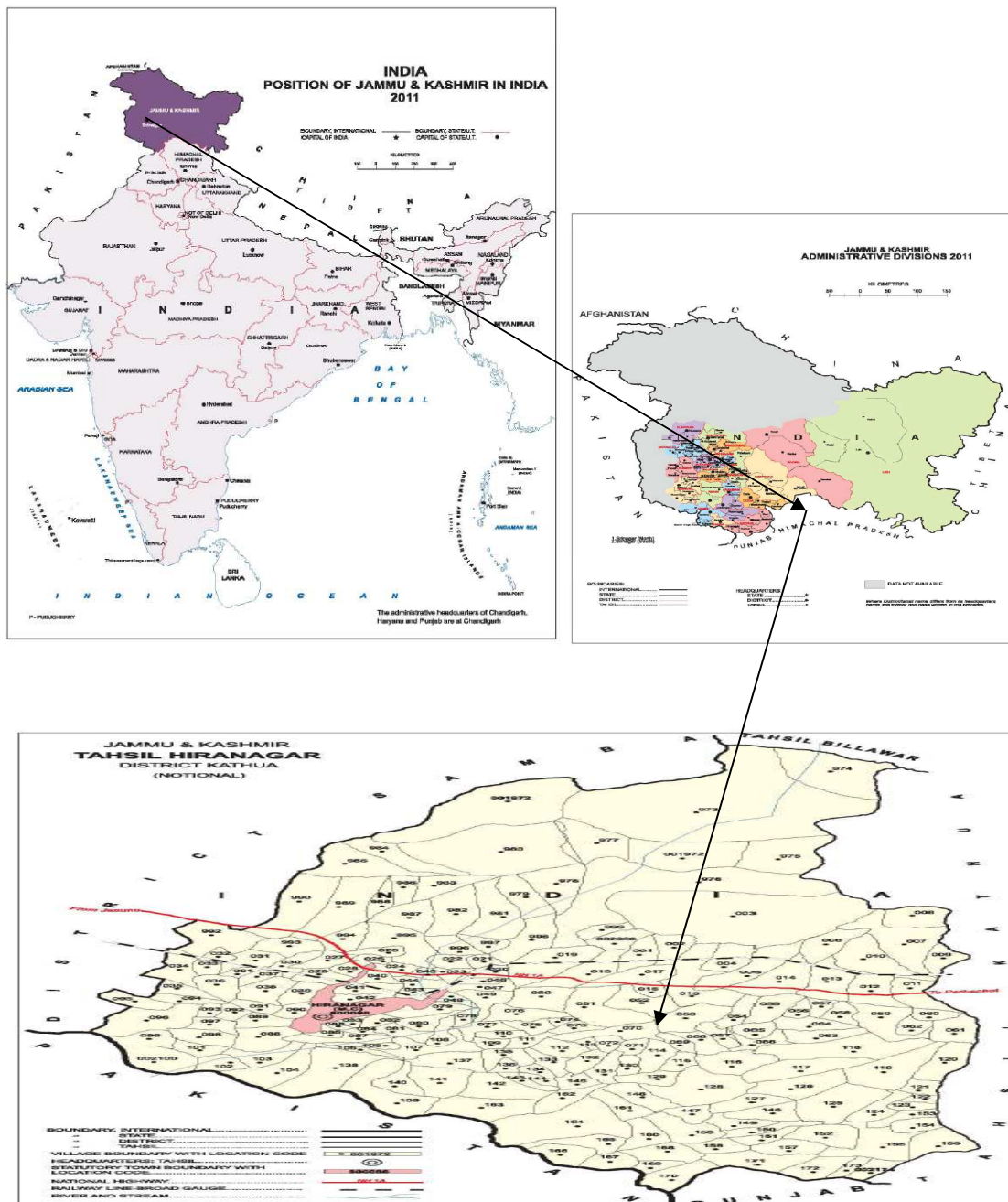
Objectives

The main objective of the present study is to analyse the level of family planning awareness among people in the study area.

Study Area

Hiranagar is a tehsil in Kathua District of Jammu & Kashmir state, it is located 30 KM towards west from district headquarters Kathua. The study area is bounded by the Samba district towards north-west, Billawar tehsil towards north, Kathua tehsil towards east and Pakistan border towards south. The study area is located at 32° 19' to 32° 33'N latitude and 75° 12' to 75° 23'E longitude. According to census of India 2011, the total population of Hiranagar is 137,798 lives in 28282 houses; males constitute 52.71% and females 47.29% of the population. The average literacy rate of the study area is 69.65% lower than the national average of 74.04%: male literacy is 74.89%, and female literacy is 63.80%.

LOCATION MAP OF STUDY AREA



Source: Census of India

Methodology

Primary data were collected with simple random sampling method from the study area. A well-developed questionnaire was prepared for family planning awareness to fulfil the objectives of the study area. The survey programme was conducted from different villages of 624 respondents included 300 females and 324 male respondents of Hiranagar during the month of May 2018 to July 2018.

ANALYSIS AND DISCUSSIONS

Table 1: Social Status (n=624)

Characteristics	Number	Percentage
Age		
15-25 years	68	10.90
25-35years	294	47.12
35-45years	193	30.93
45-55years	69	11.05
Religion		
Hindu	597	95.67
Muslim	10	1.60
Christian	5	0.80
Sikh	12	1.92
Literacy		
Illiterate	104	16.67
Primary	69	11.06
Middle	102	16.35
10th	166	26.60
12th	114	18.26
Graduation	50	8.01
Post Graduation	19	3.04
Occupation		
Business	14	2.24
House wife	250	40.06
Unskilled / Skilled worker	264	42.31
Govt job	96	15.38
Marital status		
Married	604	96.79
Single	20	3.21

Among the 624 respondents in the study area more than 78% were found to be in the age group of 15 to 35. The majority of Hindus (95.67%) followed by Sikh (1.92%), Muslims (1.60) and Christians (0.80) in the minority. On the other hands, 83.33% of respondents are literate, 11.06%, 16.35% and 8.01% had primary and middle and graduation level respectively. More than half of the respondents of the study area have secondary and higher level. As the major portion of the population falls in the adult age group therefore 96.79% of them are married and only 3.21% of them unmarried. As far as occupation is concerned only 15.38% of them have government jobs while 42.31% are skilled or unskilled workers. Huge portions i. e., 40.06% are women folk who are housewives which means 83.33% females are housewives out of total female respondents.

Table 2: Knowledge and Awareness Regarding Contraception (n=624)

	Number	Percentage
Heard about family planning	598	95.83
Aware of contraceptives	455	72.91
Know where to get contraceptives from	595	95.35
Ever used of family planning contraceptive	585	93.75
Source of Information (n=624)		
T. V/Radio/Newspaper/Magazine	426	68.26
Friends/Relatives	381	61.05
Health personnel	579	92.78
Private clinic	106	16.98
Others	46	7.30

Methods of Contraception (n=585)		
Oral pill	242	41.36
Condom	287	49.05
Copper-T	5	.85
Tubectomy	2	.34
Vasectomy	9	1.54
Traditional method	40	6.83
Source of Availability (n=585)		
Government hospital/Primary health cent	502	85.81
Private health institute/ Medical shop	83	14.19
Reason for using Contraceptive (n =585)		
Having a child when required	26	4.44
Spacing of birth	62	10.60
Prevention of unwanted births	454	77.61
Improvement of health	36	6.15
Others	7	1.20
Use of Family Planning Services And Cost(n =624)		
Affordable	156	25.00
Expensive	42	6.73
Free	356	57.05
No Idea.	70	11.21

Almost every adult in the villages had heard or knew about family planning. 93.75% of the surveyed people have used some kind of family planning methods in their lives and 95.35% of them know where to get contraceptives. But, only 72.91% have proper knowledge about the awareness of the contraceptives. The most common source of information on family planning was health personnel (92.78%), followed by TV/radio/newspaper/magazine (68.26%), friends/relatives (61.05%). Private clinics were 16.98% and others source 7.30% reported source of information of family planning. But, there are differences in the source of information on family planning among males and females. Males receive family planning information from TV/radio/newspaper/magazine more than females. The common sources of information of females from health personnel.

On other hands, the females mostly practising Oral pill (80.67%) and males are commonly using condoms (88.58%). But, less use of Tubectomy, Vasectomy and other methods of contraception. Emergency contraception and female condoms are unpopular among the respondents. As it's a rural area, therefore the most common Source of availability of contraceptives is government hospitals/health centres (86.25%) followed by private health institute/ medical shop (13.74%). On the other hand, the main Reason for using contraceptive is prevention of unwanted births (77.61%) followed by Spacing of birth (10.60%), Improvement of health (6.15%), having a child when required (4.44%) and only 1.20% for other reasons. The Majority of respondents consider use of family planning Services are free (57.05%), affordable (25%), no idea (11.21%) and only 6.73% respondents consider use of family planning Services are Expensive. It means government provides basic family planning Services to the rural people also.

Table 3: Barriers to using Contraceptives (n=624)

Barrier of Contraceptive Method	Number	Percentage
Fear of side effects.	142	22.76
Desire to have a male child.	78	12.50
Very costly/expensive.	42	6.73
Past experience of contraceptive failure.	24	3.85
Lack of knowledge of family planning.	341	54.65
Other.	24	3.84

The people of the study area have not proper knowledge about the family planning. They are commonly practising of condoms and oral pills and avoiding other methods of contraception. So that more than 78% people consider that major barriers to the use of contraceptives or lack of knowledge of family planning and fear of side effects like tubectomy, vasectomy, emergency contraceptives, injections, diaphragm and female condoms. Because the common contraceptives are available free of cost in the government hospital and primary health centre, only 6.73% respondents consider methods of contractions are very costly/expensive. On the other hands, 3.85% respondents consider major barrier of contraceptive use are past experience of contraceptive failure means that problems faces of people while using the contraceptives also.

Table 4: Concept Regarding Family Size, Spacing and Delivery

	Number	Percentage
Your Current Family Size(n=624)		
One child	194	31.09
Two children	219	35.10
Three children	121	19.39
Four or more children	36	5.77
Unmarried	20	3.21
No child	34	5.44
Think about Family Size(n=624)		
One child	186	29.81
Two children	334	53.52
Three or more children	104	16.67
Birth Spacing(n=570)		
One year	85	14.91
Two year	371	65.09
Three or more year	114	20.00
Your Child Delivery Occurred(n=570)		
Govt health care centre	386	67.72
Private health care provider	25	4.39
Home	159	27.89
Place you Prefer during Delivery(n=624)		
Govt health care centre	574	91.99
Private health care provider	49	7.85
Home	1	0.16
Think you Should have Son (n=624)		
No preference	25	4.01
At least one son	599	95.99
Satisfied with the uses of Contraceptives (n=624)		
Yes	591	94.71
No	33	5.29

Nearly 27.39 % of the respondents have three or more than three children, 38.35% have two children and 33.97% respondents have one child. But only 29.81% respondents consider having one child. However, only 53.52% of them think that they should have only two children. Almost 64.97% of the people hold the view that, there should be a gap of at least 2 years between the births of children, 20.14% respondent should prefer a gap of at least 3 or more than years between the births of children. The majority of the child deliveries in the area have taken in the Govt. health centre 67.60% and at home 28.02%. However a huge portion i. e., 92% of the population prefers Govt. health centre for the delivery of child and 8 % prefer private health centre for delivery of child. Lastly, 96% of the people want at least one son and 4% had given no preference to have son. Almost 95% of them are satisfied with the use of contraceptives.

CONCLUSIONS

Family planning has emerged as an important concept all over the world as it has influenced power of decision making, growth of population and development of the nation. In the above analysis, it is clear that the majority of people are aware about the family planning. But, when we talk about various methods of contraceptive with the respondents think there was a gap between knowledge and practice. However, about 92.94% respondents knew some kind of knowledge about family planning, but the oral pills and condoms were commonly used. Health personnel are the main source of accurate information about family planning for the respondents. On the other hand, the respondents have less knowledge about the tubectomy, vasectomy, copper-t and other methods of family planning. In the study area, only 1.88% respondents adopt a permanent method of birth control. None of the male had undergone male sterilization method. The male respondents viewed that they are primarily concerned with earning of family and female partner concern with family planning. As far as the barriers of family planning concerned lack of knowledge was the major barrier of family planning as per respondents. On other hand family size was concerned, 53.52% respondents think two children and 29.81% respondents think about preference of one child. This is a positive indicator of government efforts about family planning and two-child policy. But, preferences of male child still a problem in the society.

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